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Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nun	Application Number 09/96655			7	
FEE TRANSMITTAL For FY 2006				Filing Date	g Date 09/27		7/2001		
				First Named Inv	entor/	Richard C	harles Al	len	
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name Josh		Joshua Pi	ua Pritchett			
<u> </u>			Art Unit 2872						
TOTAL AMOUNT OF PAYMENT		(\$)		Attorney Docket No. 55871L		55871US	S002		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 50-3964 Deposit Account Name: Campbell Nelson Whipps									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
	thorization on PTO-	2038.							
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
Application 1		Small Entity		Small Entity		Small I	<u>Entity</u>	Fees Paid (\$)	
Utility	300	\$) <u>Fee (\$)</u> 150	<u>Fee (\$</u> 500	1 <u>Fee (\$)</u> 250	<u>Fee</u> 200		•	<u>1 663 1 414 (ψ)</u>	
Design	200	100	100	50	130	100			
Plant	200	100	300	150	160	-			
Reissue	300	150	500	250	600				
Provisional	200	100	0	0) (
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.								Fee (\$) 25 100 180 sendent Claims	
Indep. Claims	or HP =	aid for, if greater than because the second	<u>Fee</u>	Paid (\$)					
listings un sheets or f Total Sheet	ation and drawin der 37 CFR 1.52 raction thereof. Extra 9	See 35 U.S.C. 41	ion size fe (a)(1)(G) ober of eac	e due is \$250 (\$ and 37 CFR 1.1 th additional 50 c	8125 fo .6(s). or fraction	r small ent on thereof		ach additional 50	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):									
SUBMITTED BY	/Amma NA NI-I /		Ī	Registration No.		I	Telenhone	2054 050 0700	
_					Attorney/Agent) 48935			Telephone 651-259-6702 Date September 20, 2006	
lame (Print/Type)	Anna M. Nelson						⊔ate Sept	ember 20, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**